## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re	the appl	ication o	of:		Attorney Docket No.: 4311.07US03						
		Eilaz l	Babaev		Confirmation No.: 7585						
Appli	cation N	No.:	10/81	5,384	Examiner: Jacqueline Cheng						
Filed:			April	1, 2004	Group Art Unit: 3768						
For:	ULTR	RASON	IC ME	THOD AND DEVICE FOR	WOUND TREATMENT						
	RE	EQUEST	Γ FOR	CONTINUED EXAMINATI	ON (RCE) TRANSMITTAL						
Comr P.O. I	30x 145	Eilaz Babaev Confirmation No.: 7585  tion No.: 10/815,384 Examiner: Jacqueline Cheng April 1, 2004 Group Art Unit: 3768  JLTRASONIC METHOD AND DEVICE FOR WOUND TREATMENT  REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL  p RCE sioner for Patents (1450 ria, VA 22313-1450  This is a Request for Continued Examination (RCE) under 37 CFR § 1.114 of the above-d application.  ubmission required under 37 CFR § 1.114  [ ] Previously submitted [ ] Please enter in the present application the unentered Amendment under 37 CFR § 1.116, with any attachments, filed on in said prior application.  [ ] Consider the arguments in the Appeal Brief or Reply Brief previously filed on in in  [ ] Other  [ X] Enclosed [X] A Preliminary Amendment is enclosed. Claims added by this Amendment are properly numbered consecutively beginning with the number next following the highest numbered claim in the prior application.  [ ] Affidavit(s)/Declaration(s) [ X] Information Disclosure Statement (IDS)									
	This is	s a Requ	uest for	Continued Examination (RC	CE) under 37 CFR § 1.114 of the above-						
identi	fied app	lication	•								
1.	Subm										
	a.	[]	[ ]	Please enter in the present under 37 CFR § 1.116, wi said prior application.  Consider the arguments previously filed on	in the Appeal Brief or Reply Brief						
	b.	[X]	[X]	A Preliminary Amendment Amendment are properly in the number next following application. Affidavit(s)/Declaration(s)	numbered consecutively beginning with the highest numbered claim in the prior						

## 2. [X] The filing fee is calculated below:

	Claims Remaining After	Highest No. Previously	Present Extra	Small			Large	
	Amendment	Paid For	(Equals)	Entity Rate	Fee	OR	Entity Rate	Fee
Total	47	-58	= 0	x 26	\$		x 52	\$
Indep.	3	- 3	= 0	x 110	\$		x 220	\$
RCE fee				+ 405	\$405.00		+ 810	\$
Mult. Dep.			=	+ 195	\$		+ 390	\$
TOTAL						OR	TOTAL	\$

## [ ] First Presentation of Multiple Dependent Claim [MDC]

- \* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.
- 3. [X] Electronic payment is submitted by credit card (The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed). The Commissioner is hereby authorized to grant any extensions of time and to charge any fees under 37 CFR §§ 1.16 and 1.17 that may be required during the entire pendency of this application to Deposit Account No. 16-0631.

Respectfully submitted,

Amy M. Salmela

Registration No. 55,910

Customer No. 24113

Patterson, Thuente, Skaar & Christensen, P.A.

4800 IDS Center

80 South 8th Street

Minneapolis, Minnesota 55402-2100

Telephone: (612) 252-1538

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.